U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - /////

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.		4. Name, file number, and address of labor organization.						
Name Albert F Frattali		Name Iron Workers Local 405						
				Labor	Organization File Nur	mber 026-333	3	
P.O. B	ox, Bldg., Room No., if any			P.O. B	ox, Building and Roo	m Number, if any		
Street	2433 Reed Street	and a second a second and a second and a second and a second		Street	2433 Reed Str	reet		
City	Philadelphia			City	City Philadelphia			
State	Pennsylvania	ZIP Code + 4	19146	State	Pennsylvania		ZIP Code + 4	19146
5. Positi	on in labor organization. Busines	ss Agent/Fi	n. Secty/Tre	asurer	te de la description de la combinata de la com	ad regions d'arméter et la continue communent s'anomine a s'ancient s'anni et la continue de la continue de la		
	er appropriate data below if, during th	(except as s	pecified in the exclu	sions set f	orth in the instruction	s):	f the following in	terests
A. Hefo moneta	l an interest in, engaged in transac ary value from an employer whos	ctions (includir se employees	ng loans) with, or o your organization	derived in on repres	come or other ecor ents or is actively	omic benefit of seeking to repre	sent.	
6. Name	e and address of Employer (including	trade name, if a	ny).	7.a. Natu	re of Interest, Transa	ction, or Income.		rter manacher na a Whart arte Flanca We art a teamn art thag
Name								even-were en-amer
Trade	Name, if any:			eeneramoreen (n. 1.				erijaan kanan yanan vaja (ga
P.O. B	ox, Bldg., Room No., if any			7.b. Amo	unt	and the second of the second o		***************************************
Street				7.5.74110	unc			
City		enter de de considér de la facilité d'appe de desaglé d'Équi de propriée de la facilité de la facilité de la f La facilité de la facilité des la facilité de la facilité des la facilité de la facilité des la facilité de la facilité des la facilité de la			profession of	\$\darksquare\chi\text{\text{min}} \text{\text{min}} \text{min} \text{\text{min}} \text{\text{min}} \text{\text{min}} \text{min} \text{\text{min}} \text{min} \text		
State		ZIP Code + 4			Sept. Comment	t the control of the	**************************************	
			Sign	ature				
subm	ignature and verification. The under litted in this report (including the inform rsigned's knowledge and belief, true, o	nation contained	in any accompany	ina docum	ents), has been exam	ined by the signat		
Sign	ed Albert r	allab		On ]	8/10/05	215-462-73	300	
	4				Date	T	elephone Numbe	<b>⊋</b> r
Form LM	-30 (2003)						i	Page 1 of 7

Name of Person Filing Albert Frattali	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
Name and address of Business (including trade name, if any).	9. Business deals with:				
Name Iron Workers Local 405					
Trade Name, if any: Annuity Fund	a. Labor Organization				
P.O. Box, Bldg., Room No., if any	b. Trust  c. Employer				
Street 2433 Reed Street	None-to-				
City Philadelphia					
State Pennsylvania ZIP Code + 4 19146					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name	Plan Administrator of Local Union Annuity Fund.				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
	11.b. Approximate dollar value of such dealing.				
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4	Value of meals related to attendance at Board of Trustee meetings.				
	12.b. Amount. \$138				
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				

	F1 - M
Name of Person Filing Albert Frattali	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Iron Workers Local 405	a. Labor Organization	
Trade Name, if any: Apprentice Fund	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 2433 Reed Street	c. Employer	
City Philadelphia		
State Pennsylvania ZIP Code + 4 19146		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Plan Administrator of Iron Workers Apprentice Fund.	Local 405
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		vollowanie.
Street		Marie de la constante de la co
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	ministrativini (in in mastaria mandra de la colocia de selección de selección de la colocia de selección de se
	Value of expenses related to Atten Apprentice Competition as observer	
	Francisco, CA 9/10/04 to 9/16/04.	
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		VARIETY VARVOUR
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	12.b. Amount.	\$1,985

Name of Person Filing Albert Frattali	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Iron Workers District Council of Phila	No. 1 abov Organization		
Trade Name, if any: Health Welfare and Pension Fund	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 6401 Castor Ave	c. Employer		
	hd		
City Philadelphia  State Pennsylvania  ZIP Code + 4 19149			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Trustee of Iron Workers District C	ouncil Health and	
	Welfare and Pension Funds	TO CONTRACT AND ADDRESS.	
Trade Name, if any:		Step 100 Ste	
P.O. Box, Bldg., Room No., if any			
Street	A monotonic		
City	1	acconstruction	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.		
	12.a. Nature of interest held or income received.		
	Value of expenses related to atten Trustee meetings.	dance at Board of	
		NAVY Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
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		Anne de State en de la constitue de la constit	
	12.b. Amount.	\$1,373	

Name of Person Filing Albert Frattali	File Number U-	

8. Name and address of Business (including trade name, if any).  Name Slough, Horneff & Fischer, P.C.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 16 W. Vassar Road  City Audubon  State New Jersey  ZIP Code + 4 08106	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Iron Workers Local 405  Trade Name, if any: Annuity Fund  P.O. Box, Bidg., Room No., if any  Street 2433 Reed Street  City Philadelphia	Accountant for Annuity Fund and Lo	cal Union 405.
State Pennsylvania ZIP Code + 4 19146	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Complimentary Tickets (2) NFL Game	•
	12.b. Amount.	\$140

Name of Person Filing Albert Frattali	File Number U-

8. Name and address of Business (including trade name, if any).  Name Ark Asset Management Co., Inc  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 125 Broad Street  City New York  State New York  ZIP Code + 4 10004	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Iron Workers District Council of Phila  Trade Name, if any: Health Welfare and Pension Fund  P.O. Box, Bldg., Room No., if any  Street 6401 Castor Ave  City Philadelphia	Performs investment consulting and services for the Welfare and Pensi	
State Pennsylvania ZIP Code + 4 19149	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	Tours to the second sec
	Value of meal provided at dinner m	eeting.
	12.b. Amount.	\$153

Name of Person Filing Albert Frattal	i	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name M.D. Sass Associates, Inc.	a. Labor Organization		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any			
Street 1185 Avenue of the Americas	c. Employer		
City New York			
State New York ZIP Code + 4 10036-2699			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Iron Workers District Council of Phila	Performs investment consulting and services for the Welfare and Pensi		
Trade Name, if any: Health Welfare and Pension Fund			
P.O. Box, Bldg., Room No., if any		o o o o o o o o o o o o o o o o o o o	
Street 6401 Castor Ave		THE COMPONENTS OF THE PROPERTY	
City Philadelphia		ON the second se	
State Pennsylvania ZIP Code + 4 19149	11.b. Approximate dollar value of such dealing.		
	12.a. Nature of interest held or income received.	and an extension and an extension and the antique of the antique o	
	Value of meal provided at dinner m	eeting.	
	12.b. Amount.	\$224	

# LM-30 Attachment

Ending date of report period: 12/31/04 LM-30 File Number: To be assigned

LM-30 Items Number

8, 9, 11a and 11b

Per direction provided by U.S. DOL OLMS, Part B includes reporting of transactions including reimbursement of expenses by a trust in which the labor organization is interested as though the trust was a business. The information for item 11b is not in my possession.